

DEBTOR(S): Powell Valley Health Care, Inc.

MONTHLY OPERATING REPORT
CHAPTER 11

CASE NUMBER: 16-20326

Form 2-A
COVER SHEET

For Period End Date: 10/31/2016

Accounting Method: ☒ Accrual Basis ☐ Cash Basis

THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH

Mark One Box for Each
Required Document:

Debtor must attach each of the following documents unless the U. S. Trustee
has waived the requirement in writing. File the original with the Clerk of Court.
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts (Redact all but last 4 digits of account number and remove check images)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts
<input type="checkbox"/>	<input type="checkbox"/>	9. Evidence of insurance for all policies renewed or replaced during month

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.

Executed on: 11/12/16

Print Name: Michael Long

Signature: 

Title: Chief Financial Officer

DEBTOR(S) Powell Valley Health Care, Inc.

CASE NO:

16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 10/01/2016 to 10/31/2016

CASH FLOW SUMMARY

	<u>Current Month</u>	<u>Accumulated</u>
1. Beginning Cash Balance	\$ <u>2,521,682</u> (1)	\$ <u>3,499,673</u> (1)
2. Cash Receipts		
Operations	4,452,313	20,784,427
Sale of Assets	0	0
Loans/advances	0	0
Other	0	2,170
Total Cash Receipts	\$ <u>4,452,313</u>	\$ <u>20,786,597</u>
3. Cash Disbursements		
Operations	4,223,353	21,189,828
Debt Service/Secured loan payment	0	0
Professional fees/U.S. Trustee fees	0	0
Professional fees paid from retainer (e.g. COLTAF accts)	0	0
Other	0	345,800
Total Cash Disbursements	\$ <u>4,223,353</u>	\$ <u>21,535,628</u>
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	<u>228,960</u>	<u>-749,031</u>
5 Ending Cash Balance (to Form 2-C)	\$ <u>2,750,642</u> (2)	\$ <u>2,750,642</u> (2)

CASH BALANCE SUMMARY

	<u>Financial Institution</u>	<u>Book Balance</u>
Petty Cash	<u>Powell Valley Healthcare</u>	\$ 2,170
DIP Operating Account	<u>1st Bank Wyo 8425</u>	-108,248
DIP State Tax Account		0
DIP Payroll Account	<u>1st Bank Wyo 4501</u>	10,347
Other Operating Account	<u>1st Bank Wyo See form 2G</u>	2,846,373
Retainers held by professionals (i.e. COLTAF)		0
TOTAL (must agree with Ending Cash Balance above)		\$ <u>2,750,642</u> (2)

(1) Accumulated beginning cash balance is the cash available at the commencement of the case and retainers.
Current month beginning cash balance should equal the previous month's ending balance.

(2) All cash balances should be the same.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 10/01/2016 to 10/31/2016

CASH RECEIPTS DETAIL

(attach additional sheets as necessary)

Account No:

7301

Date	Payer	Description	Amount
10/03/2016	Medicare EFT	Patient/Resident account	24,244.36
10/03/2016	Aetna/Blue Cross	Patient/Resident account	24,985.88
10/03/2016	Cigna	Patient/Resident account	6,327.93
10/03/2016	Other Commercial	Patient/Resident account	57,177.99
10/03/2016	Other	Cash payments	19,619.80
10/03/2016	Other EFT	Patient/Resident account	16,098.80
10/04/2016	Medicare EFT	Patient/Resident account	2,172.75
10/04/2016	Aetna/Blue Cross	Patient/Resident account	102,570.35
10/04/2016	Cigna	Patient/Resident account	43,149.16
10/04/2016	Other Commercial	Patient/Resident account	56,697.51
10/04/2016	Other	Cash payments	38,610.08
10/04/2016	Other EFT	Patient/Resident account	66,741.92
10/05/2016	Medicare EFT	Patient/Resident account	15,544.65
10/05/2016	Cigna	Patient/Resident account	17,663.41
10/05/2016	Other Commercial	Patient/Resident account	19,763.70
10/05/2016	Other	Cash payments	33,884.28
10/05/2016	Other EFT	Patient/Resident account	6,296.08
10/06/2016	Medicare EFT	Patient/Resident account	112.51
10/06/2016	Cigna	Patient/Resident account	9,093.78
10/06/2016	Other Commercial	Patient/Resident account	1,768.42
10/06/2016	Other	Cash payments	33,179.61
10/06/2016	Other EFT	Patient/Resident account	210,648.25
10/07/2016	Medicare EFT	Patient/Resident account	50,749.30
10/07/2016	Cigna	Patient/Resident account	64,394.80
10/07/2016	Other Commercial	Patient/Resident account	9,812.87
10/07/2016	Other	Cash payments	52,980.28
10/07/2016	Other EFT	Patient/Resident account	33,214.14
10/10/2016	Aetna/Blue Cross	Patient/Resident account	26,762.96
10/10/2016	Cigna	Patient/Resident account	3,808.52
10/10/2016	Other Commercial	Patient/Resident account	27,614.69
10/10/2016	Other	Cash payments	3,011.47
10/11/2016	Medicare EFT	Patient/Resident account	44,663.64
10/11/2016	Aetna/Blue Cross	Patient/Resident account	74,960.69
10/11/2016	Cigna	Patient/Resident account	1,487.75
10/11/2016	Other Commercial	Patient/Resident account	57,226.08
10/11/2016	Other	Cash payments	66,419.14
10/11/2016	Other EFT	Patient/Resident account	78,255.76
10/12/2016	Medicare EFT	Patient/Resident account	47,363.44
10/12/2016	Cigna	Patient/Resident account	18,510.14
10/12/2016	Other Commercial	Patient/Resident account	69,938.64
10/12/2016	Other	Cash payments	20,593.48
10/12/2016	Other EFT	Patient/Resident account	23,422.69
10/13/2016	Medicare EFT	Patient/Resident account	54,658.90
10/13/2016	Other	Cash payments	2,713.74
10/13/2016	Other EFT	Patient/Resident account	12,224.71
10/14/2016	Medicare EFT	Patient/Resident account	60,279.95
10/14/2016	Aetna/Blue Cross	Patient/Resident account	665.23
10/14/2016	Other Commercial	Patient/Resident account	24,072.44
10/14/2016	Other	Cash payments	6,852.05
10/14/2016	Other EFT	Patient/Resident account	14,368.64
10/17/2016	Medicare EFT	Patient/Resident account	37,354.78
10/17/2016	Cigna	Patient/Resident account	28,502.47
10/17/2016	Other Commercial	Patient/Resident account	10,278.36
10/17/2016	Other	Cash payments	24,197.27
10/17/2016	Other EFT	Patient/Resident account	270,003.50

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 10/01/2016 to 10/31/2016

CASH RECEIPTS DETAIL

(attach additional sheets as necessary)

Account No:

7301

Date	Payer	Description	Amount
10/18/2016	Medicare EFT	Patient/Resident account	57,360.24
10/18/2016	Aetna/Blue Cross	Patient/Resident account	101,749.25
10/18/2016	Cigna	Patient/Resident account	22,425.79
10/18/2016	Other Commercial	Patient/Resident account	64,715.84
10/18/2016	Other	Cash payments	66,454.32
10/18/2016	Other EFT	Patient/Resident account	75,971.81
10/19/2016	Medicare EFT	Patient/Resident account	9,432.30
10/19/2016	Cigna	Patient/Resident account	5,446.65
10/19/2016	Other Commercial	Patient/Resident account	82,317.71
10/19/2016	Other	Cash payments	10,840.69
10/19/2016	Other EFT	Patient/Resident account	37,013.69
10/20/2016	Medicare EFT	Patient/Resident account	9,441.35
10/20/2016	Other Commercial	Patient/Resident account	388,644.13
10/20/2016	Other	Cash payments	6,102.46
10/20/2016	Other EFT	Patient/Resident account	4,775.10
10/21/2016	Medicare EFT	Patient/Resident account	27,715.09
10/21/2016	Cigna	Patient/Resident account	28,256.52
10/21/2016	Other Commercial	Patient/Resident account	5,034.12
10/21/2016	Other	Cash payments	11,463.86
10/21/2016	Other EFT	Patient/Resident account	2,354.24
10/24/2016	Medicare EFT	Patient/Resident account	14,043.46
10/24/2016	Aetna/Blue Cross	Patient/Resident account	6,251.79
10/24/2016	Cigna	Patient/Resident account	7,680.11
10/24/2016	Other Commercial	Patient/Resident account	12,080.43
10/24/2016	Other	Cash payments	6,597.31
10/24/2016	Other EFT	Patient/Resident account	80,131.14
10/25/2016	Medicare EFT	Patient/Resident account	59,854.88
10/25/2016	Aetna/Blue Cross	Patient/Resident account	169,269.73
10/25/2016	Cigna	Patient/Resident account	20,701.95
10/25/2016	Other Commercial	Patient/Resident account	159,168.18
10/25/2016	Other	Cash payments	20,404.86
10/25/2016	Other EFT	Patient/Resident account	4,066.23
10/26/2016	Medicare EFT	Patient/Resident account	18,114.85
10/26/2016	Cigna	Patient/Resident account	9,378.69
10/26/2016	Other Commercial	Patient/Resident account	6,253.20
10/26/2016	Other	Cash payments	11,500.20
10/26/2016	Other EFT	Patient/Resident account	46,060.72
10/26/2016	NH QRA	Cash payments	332,560.00
10/27/2016	Medicare EFT	Patient/Resident account	194.81
10/27/2016	Other Commercial	Patient/Resident account	596.32
10/27/2016	Other	Cash payments	11,409.97
10/27/2016	Other EFT	Patient/Resident account	18,014.17
10/28/2016	Medicare EFT	Patient/Resident account	97,005.71
10/28/2016	Other Commercial	Patient/Resident account	20,018.23
10/28/2016	Other	Cash payments	4,506.33
10/28/2016	Other EFT	Patient/Resident account	9,006.26
10/31/2016	Medicare EFT	Patient/Resident account	41,223.63
10/31/2016	Aetna/Blue Cross	Patient/Resident account	6,435.39
10/31/2016	Cigna	Patient/Resident account	1,467.88
10/31/2016	Other Commercial	Patient/Resident account	40,458.68
10/31/2016	Other	Cash payments	13,575.36
10/31/2016	Other EFT	Patient/Resident account	59,053.89

Total Cash Receipts

\$ 4,452,313.26 (1)

DEBTOR(S): Powell Valley Health Care, Inc. CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 10/01/2016 to 10/31/2016

CASH RECEIPTS DETAIL

(attach additional sheets as necessary)

Account No:

7301

Date	Payer	Description	Amount
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(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

Rev. 1/15/14

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 10/01/2016 to 10/31/2016

CASH DISBURSEMENTS DETAIL
(attach additional sheets as necessary)

Account No:

8425

Date	Check No.	Payee	Description (Purpose)	Amount
10/03/16	EFT	Electronic Funds Transfer	FICA payroll taxes	117,747.92
10/03/16	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	142,334.47
10/03/16	EFT	Electronic Funds Transfer	Trsf to pension act 7901	70,718.02
10/04/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	121.99
10/05/16	EFT	Electronic Funds Transfer	Montana state tax	995.00
10/06/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	181,841.68
10/13/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	688,877.13
10/13/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	2,148.06
10/13/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	13,971.45
10/13/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	90,498.41
10/17/16	EFT	Electronic Funds Transfer	FICA payroll taxes	106,367.25
10/17/16	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	185,017.30
10/17/16	EFT	Electronic Funds Transfer	Trsf to pension act 7901	71,046.28
10/19/16	EFT	Electronic Funds Transfer	Montana state tax	1,287.00
10/27/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	567,930.91
10/27/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	14,706.13
10/28/16	EFT	Electronic Funds Transfer	Trsf to pension act 7901	56,020.53
10/28/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	169,585.17
10/31/16	EFT	Electronic Funds Transfer	FICA payroll taxes	97,227.40
10/31/16	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	113,124.88

3000-3422 Accounts Payable checks See attached check register 1,531,786.17

Total Cash Disbursements \$ 4,223,353.15 (1)

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

Rev. 1/15/14

Form 2-C
COMPARATIVE BALANCE SHEET

For Period Ended: 10/31/2016

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash (from Form 2-B, line 5)	\$ 2,750,642	\$ 4,255,881
Accounts Receivable (from Form 2-E)	8,087,105	8,383,526
Receivable from Officers, Employees, Affiliates	0	0
Inventory	756,319	757,444
Other Current Assets : (List) <u>Pre-paid Expense</u>	1,163,161	865,872
<u>Receivable from legal settlements</u>	11,450,000	11,450,000
Total Current Assets	\$ 24,207,227	\$ 25,712,723
Fixed Assets:		
Land	\$ 0	\$ 0
Building	694,434	694,434
Equipment, Furniture and Fixtures	10,056,575	9,997,873
Total Fixed Assets	10,751,009	10,692,307
Less: Accumulated Depreciation	(8,552,571)	(8,254,973)
Net Fixed Assets	\$ 2,198,438	\$ 2,437,334
Other Assets (List): _____	0	0
_____	0	0
TOTAL ASSETS	\$ 26,405,665	\$ 28,150,057
LIABILITIES		
Post-petition Accounts Payable (from Form 2-E)	\$ 671,910	\$ 1,167,152
Post-petition Accrued Profesional Fees (from Form 2-E)	228,501	250,000
Post-petition Taxes Payable (from Form 2-E)	52,688	172,650
Post-petition Notes Payable	130,934	128,056
Other Post-petition Payable(List): <u>see schedul 2G liab</u>	2,769,731	3,405,269
<u>Legal claim reserve</u>	11,750,000	11,750,000
Total Post Petition Liabilities	\$ 15,603,764	\$ 16,873,127
Pre Petition Liabilities:		
Secured Debt	1,096,409	1,153,923
Priority Debt	0	0
Unsecured Debt	1,435,125	1,415,297
Total Pre Petition Liabilities	\$ 2,531,534	\$ 2,569,220
TOTAL LIABILITIES	\$ 18,135,298	\$ 19,442,348
OWNERS' EQUITY		
Owner's/Stockholder's Equity	\$ 0	\$ 0
Retained Earnings - Prepetition	8,691,606	8,691,606
Retained Earnings - Post-petition	-421,239	16,103
TOTAL OWNERS' EQUITY	\$ 8,270,367	\$ 8,707,709
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ 26,405,665	\$ 28,150,057

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

Rev. 1/15/14

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-D
PROFIT AND LOSS STATEMENT
For Period 10/01/2016 to 10/31/2016

	Current Month	Accumulated Total (1)
Gross Operating Revenue	\$ 6,383,873	\$ 33,601,102
Less: Discounts, Returns and Allowances	(2,520,227)	(13,615,857)
Net Operating Revenue	\$ 3,863,646	\$ 19,985,245
Cost of Goods Sold	3,489,624	18,395,757
Gross Profit	\$ 374,022	\$ 1,589,488
Operating Expenses		
Officer Compensation	\$ 12,928	\$ 79,711
Selling, General and Administrative	0	0
Rents and Leases	85,463	461,854
Depreciation, Depletion and Amortization	61,385	335,056
Other (list): <u>Repairs</u>	53,075	267,848
<u>Insurance</u>	56,770	322,171
Total Operating Expenses	\$ 269,621	\$ 1,466,640
Operating Income (Loss)	\$ 104,401	\$ 122,848
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ 0	\$ 0
Gains (Losses) on Sale of Assets	0	0
Interest Income	0	0
Interest Expense	-4,534	-23,400
Other Non-Operating Income	0	0
Net Non-Operating Income or (Expenses)	\$ -4,534	\$ -23,400
Reorganization Expenses		
Legal and Professional Fees	\$ 55,715	\$ 520,686
Other Reorganization Expense	0	0
Total Reorganization Expenses	\$ 55,715	\$ 520,686
Net Income (Loss) Before Income Taxes	\$ 44,152	\$ -421,238
Federal and State Income Tax Expense (Benefit)	0	0
NET INCOME (LOSS)	\$ 44,152	\$ -421,238

(1) Accumulated Totals include all revenue and expenses since the petition date.

Rev. 1/15/14

DEBTOR(S):

Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 1 of 2)
SUPPORTING SCHEDULES

For Period: 10/01/2016 to 10/31/2016

Summary of Post-Petition Taxes				
Type of tax	1	2	3	4
	Unpaid post-petition taxes from prior reporting month(1)	Post-petition taxes accrued this month (new obligations)	Post-petition tax payments made this reporting month	Unpaid post-petition taxes at end of reporting month (columns 1+2-3)
Federal				
Employee income tax withheld	142,335	298,140	440,475	
Employee FICA taxes withheld	59,925	99,441	159,366	0
Employer FICA taxes	57,822	104,154	161,976	(0)
Unemployment taxes				
Other:				
State				
Sales, use & excise taxes	128	57	140	45
Unemployment taxes	8,200	(3,615)	3,440	1,145
Other: Worker Compensation	178,687	51,498	178,687	51,498
Local				
Personal property taxes				
Real property taxes				
Other:				
Total unpaid post-petition taxes				52,688

(1) For first report, the beginning balance in column 1 will be \$0; thereafter, beginning balance will be ending balance from prior report.

Insurance Coverage Summary				
Type of insurance	Insurance carrier	Coverage amount	Policy expiration date	Premium paid through date
Workers' compensation	State of Wyoming	Not Applicable	Not Applicable	Not Applicable
General liability	National Fire & Risk/AB Risk, USI Insurance Service	\$1M/\$5M \$5M Umbrella	08/01/2017	09/30/2016
Property (fire, theft, etc.)	Affiliated FM Insurance Company, USI Insurance Service	Bldg \$100m Flood \$75m	08/01/2017	07/31/2017
Vehicle	National Indemnity Company/RPS, Ohio Security Insurance, USI Insurance Service	\$1M auto & \$1m Ambula	08/01/2017	07/31/2017
Other (list): Director & Officer Liability	Darwin National Assurance Co., USI Insurance Service	\$2m	09/07/2017	09/07/2017
Other (list): Internet/Cyber Liability	NAS/Lloyd's of London, USI Insurance Service	\$1m/claim \$1m/agg	09/01/2017	09/01/2017
Other (list): Crime	Travelers Casualty and Surety, USI Insurance Service	\$500,000	08/01/2017	07/31/2017
If any policies were renewed or replaced during reporting period, attach new certificate of insurance.				

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 2 of 2)
SUPPORTING SCHEDULES

For Period: 10/01/2016 00:00 to 10/31/2016 00:00

Accounts Receivable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Pre-petition receivables				933,656	933,656
Post-petition receivables	3,565,411	1,693,555	726,177	1,168,306	7,153,449
Total	3,565,411	1,693,555	726,177	2,101,962	8,087,105

Post-Petition Accounts Payable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Trade Payables	297,009	86,869	6,512	233,285	623,675
Other Payables	4,350	4,350	4,350	35,185	48,235
Total	301,359	91,219	10,862	268,470	671,910

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS					
	Month-end Retainer Balance	Current Month's Accrual	Paid in Current Month	Court Approval Date	Month-end Balance Due *
Debtor's Counsel	\$228,501				\$228,501
Counsel for Unsecured Creditors' Committee					
Trustee's Counsel					
Accountant					
Other:					
Total	228,501				228,501

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**			
Payee Name	Position	Nature of Payment	Amount
Michael Long	Chief Financial Officer	Salary/Wages	12,928

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer, or director.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-F
QUARTERLY FEE SUMMARY *
For the Month Ended: 10/31/2016

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January		\$ 0			
February		0			
March		0			
TOTAL 1st Quarter		\$ 0			
April		0			
May	20 16	1,330,126			
June	20 16	3,481,838			
TOTAL 2nd Quarter		\$ 4,811,964	325 10,075	2,551 2,919	07/19/16 08/22/16
July	20 16	4,385,351			
August	20 16	4,176,264			
September	20 16	3,938,695			
TOTAL 3rd Quarter		\$ 12,500,310	13,000	3,605	10/18/16
October	20 16	4,223,353			
November		0			
December		0			
TOTAL 4th Quarter		\$ 4,223,353			

FEE SCHEDULE (as of JANUARY 1, 2008)

Subject to changes that may occur to 28 U.S.C. §1930(a)(6)

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999.....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

** Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717

Rev. 1/15/14

DEBTOR(S) Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-G
NARRATIVE

For Period Ending: 10/31/2016

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

FORM 2B-1 Line 50, Cash Accounts are made up of General Checking #701, EBMS Checking #6301, Flex Spending #3101, Care Center Resident Trust #2088, Employee Benefit #5601, and Pension #7901. **Form 2B-3** Cash Disbursements other of \$15,000 is for vendor deposits made during the period. **Form 2C-Liabilities**, line 38 Other Payables, this line is made up of accrued Provider Incentives \$170,577, Accrued Payroll \$665,947, 3rd Party Receivable/Payable (Medicare Cost Report Settlement) \$256,385, Assisted Living Room Retainer \$32,500, NH Resident Trust \$8,971, Donations \$86, and Accrued Benefits \$1,635,265. **Form 2D** Officer compensation equals the amount listed on Form 2E. Rent, Depreciation, Interest, Repairs, and Insurance come from facility income statement, all other expenses is combined into cost of goods sold. **Form 2-E pg 2** debtor counsel fees of \$36,480.14 received October 11, approved November 1 but not paid until November 3, will add to November report

Rev. 1/15/14